

Image# 14953165743

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**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FAIR SHARE ACTION

ADDRESS (number and street)

3845 Tennyson St #150

☐ Check if different than previously reported. (ACC)

DENVER

CO

80212

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00526673

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

☒ POST-Election
Report for the:☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

CO

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GRACE M SMALL

Signature of Treasurer

GRACE M SMALL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FAIR SHARE ACTION

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		1812484.44
(b) Cash on Hand at Beginning of Reporting Period.....	613079.48	
(c) Total Receipts (from Line 19)	1128177.33	2879182.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1741256.81	4691666.69
7. Total Disbursements (from Line 31)	1319741.67	4270151.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	421515.14	421515.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	78409.19	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FAIR SHARE ACTION

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

795000.00

1295000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

795000.00

1295000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

321481.03

1572260.78

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1116481.03

2867260.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

225.17

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

11696.30

11696.30

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1128177.33

2879182.25

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1128177.33

2879182.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	69039.00	119680.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69039.00	119680.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	517467.08
24. Independent Expenditures (use Schedule E)	1119267.67	2690081.62
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	121435.00	942922.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1319741.67	4270151.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1319741.67	4270151.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1116481.03	2867260.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1116481.03	2867260.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	69039.00	119680.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	225.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	69039.00	119455.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. ENVIRONMENT AMERICA

Mailing Address 218 D STREET SE

City
WASHINGTON

State Zip Code
DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5251

Amount of Each Receipt this Period

100000.00

Contribution

Full Name (Last, First, Middle Initial)

B. ENVIRONMENT AMERICA

Mailing Address 218 D STREET SE

City
WASHINGTON

State Zip Code
DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.5275

Amount of Each Receipt this Period

375000.00

Contribution

Full Name (Last, First, Middle Initial)

C. FAIR SHARE, Inc.

Mailing Address 218 D Street SE, Suite 205

City
Washington

State Zip Code
DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.5253

Amount of Each Receipt this Period

300000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. Christopher Findlater

Mailing Address 6538 Collins Rd.
#513

City State Zip Code
Miami Beach FL 33141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-employed

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.5270

Amount of Each Receipt this Period

20000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20000.00

795000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address P.O. BOX 441146

City State Zip Code
 SOMERVILLE MA 02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.03

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11C.5332

Amount of Each Receipt this Period

1481.03

Contributions

Full Name (Last, First, Middle Initial)

B. AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
 SUITE 200

City State Zip Code
 WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11C.5264

Amount of Each Receipt this Period

75000.00

Contribution

Full Name (Last, First, Middle Initial)

C. AMERICA VOTES ACTION FUND

Mailing Address 1155 CONNECTICUT AVENUE, NW
 SUITE 600

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00492520

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11C.5287

Amount of Each Receipt this Period

75000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

151481.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. LEAGUE OF CONSERVATION VOTERS VICTORY FUND

Mailing Address 1920 L ST NW STE 800

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00486845

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

11 / **03** / **2014**

Transaction ID : SA11C.5300

Amount of Each Receipt this Period

20000.00

Contribution

Full Name (Last, First, Middle Initial)

B. NEXTGEN CLIMATE ACTION COMMITTEE

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code
 SACRAMENTO CA 95814

FEC ID number of contributing
federal political committee.

C C00547349

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650000.00

Date of Receipt

10 / **29** / **2014**

Transaction ID : SA11C.5265

Amount of Each Receipt this Period

150000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

170000.00

TOTAL This Period (last page this line number only)..... ►

321481.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 44
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. GRASSROOTS VOTER OUTREACH

Mailing Address 59 TEMPLE PLACE

City State Zip Code
 BOSTON MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11696.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 30 2014

Transaction ID : SA17.5208

Amount of Each Receipt this Period

11696.30

Vendor refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11696.30

11696.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. Josh CohenMailing Address 239 W. 21st
Apt. 3D

City New York State NY Zip Code 10011

Purpose of Disbursement
Software development

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 07 / 2014**Transaction ID : SB21B.5308**

Amount of Each Disbursement this Period

1850.00

Full Name (Last, First, Middle Initial)

B. CSS DIRECT

Mailing Address 3707 N 200th St

City ELKHORN State NE Zip Code 68022

Purpose of Disbursement
Phone matching services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014**Transaction ID : SB21B.5274**

Amount of Each Disbursement this Period

5795.20

Full Name (Last, First, Middle Initial)

C. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 16 / 2014**Transaction ID : SB21B.5252**

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7657.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014
Transaction ID : SB21B.5254

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

B. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.5258

Amount of Each Disbursement this Period

66.00

Full Name (Last, First, Middle Initial)

C. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : SB21B.5259

Amount of Each Disbursement this Period

33.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.5260

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

B. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.5288

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

C. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.5289

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 30 2014
Transaction ID : SB21B.5290

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

B. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 30 2014
Transaction ID : SB21B.5291

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

C. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : SB21B.5296

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SB21B.5298

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. EASTERN BANK

Mailing Address PO BOX 391

City LYNN State MA Zip Code 01903

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014
Transaction ID : SB21B.5301

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. Emily FischerMailing Address 429 E. 14th Ave.
Apt. J

City Denver State CO Zip Code 80203

Purpose of Disbursement
Reimbursement for printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : SB21B.5293

Amount of Each Disbursement this Period

5838.13

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5880.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. IRN, Inc.

Mailing Address 1331 17th St.

City State Zip Code
Denver CO 80202
Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014
Transaction ID : SB21B.5257

Amount of Each Disbursement this Period

18500.00

Full Name (Last, First, Middle Initial)

B. IRN, Inc.

Mailing Address 1331 17th St.

City State Zip Code
Denver CO 80202
Purpose of Disbursement
Data subscription

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 21 2014
Transaction ID : SB21B.5325

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Anusha Narayanan

Mailing Address 37593 Summer Holly Common

City State Zip Code
Fremont CA 94536
Purpose of Disbursement
Reimbursement for printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 29 2014
Transaction ID : SB21B.5277

Amount of Each Disbursement this Period

510.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22010.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FAIR SHARE ACTION

3294.66

State: District:

5952.62

State: District:

Amount of Each Disbursement this Period

2665.40

State: District:

11912.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. STRATEGY GROUP, THEMailing Address 1603 Orrington Ave.
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014**Transaction ID : SB21B.5305**

Amount of Each Disbursement this Period

17570.00

Full Name (Last, First, Middle Initial)

B. Wendy WendlandtMailing Address 3435 Wilshire Blvd.
Suite 385

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
Reimbursement for producing campaign materials

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 07 / 2014**Transaction ID : SB21B.5312**

Amount of Each Disbursement this Period

3352.80

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►20922.80
68670.81

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. Every Voice Action

Mailing Address 1133 19th St. NW
9th Floor

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB23.5262

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. Fair Share Action (Florida committee)Mailing Address 3845 Tennyson St.
#150City State Zip Code
Denver CO 80212Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB29.5297

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gumbinner Davies and Simpson CommunicationsMailing Address 2001 S. St. NW
Ste 301City State Zip Code
Washington, D.C. DC 20009Purpose of Disbursement
Vendor payment for non-federal expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB29.5338

Amount of Each Disbursement this Period

720.00

Full Name (Last, First, Middle Initial)

C. The Strategy Group, Inc.

Mailing Address 1603 Orrington Ave. Suite 31730

City State Zip Code
Evanston IL 60201Purpose of Disbursement
Vendor payment for non-federal expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB29.5329

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6220.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIR SHARE ACTION

Full Name (Last, First, Middle Initial)

A. WORK FOR PROGRESS

Mailing Address 1543 WAZEE STREET STE 440

City
DENVERState
COZip Code
80202Purpose of Disbursement
Vendor payment for non-federal expense

007

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB29.5273

Amount of Each Disbursement this Period

93400.00

Full Name (Last, First, Middle Initial)

B. WORK FOR PROGRESS

Mailing Address 1543 WAZEE STREET STE 440

City
DENVERState
COZip Code
80202Purpose of Disbursement
Vendor payment for non-federal expense

007

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB29.5330

Amount of Each Disbursement this Period

18244.75

Full Name (Last, First, Middle Initial)

C. WORK FOR PROGRESS

Mailing Address 1543 WAZEE STREET STE 440

City
DENVERState
COZip Code
80202Purpose of Disbursement
Vendor payment for non-federal expense

007

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2014

Transaction ID : SB29.5328

Amount of Each Disbursement this Period

3433.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115078.35

121298.35

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 44

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
FAIR SHARE ACTION

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gumbinner Davies and Simpson Communications

Nature of Debt (Purpose):

Shipping campaign materials

Mailing Address 2001 S. St. NW
Ste 301City State Zip Code
Washington, D.C. DC 20009

Outstanding Balance Beginning This Period

720.00

Transaction ID : SD10.5055

Amount Incurred This Period

0.00

Payment This Period

720.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Anusha Narayanan

Nature of Debt (Purpose):

Reimbursement for printing campaign materials

Mailing Address 37593 Summer Holly Common

City State Zip Code
Fremont CA 94536

Outstanding Balance Beginning This Period

610.19

Transaction ID : SD10.5082

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WORK FOR PROGRESS

Nature of Debt (Purpose):

Post-election administrative wrap-up

Mailing Address 1543 WAZEE STREET STE 440

City State Zip Code
DENVER CO 80202

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5334

Amount Incurred This Period

77799.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

77799.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

78409.19

2) **TOTALS** This Period (last page this line number only)..... ►

78409.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

78409.19

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Courtney Abrams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2014</div>		
Mailing Address 100 I St. SE #216			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1190.00</div>		
City Washington, D.C.		State DC	Zip Code 20003		
Purpose of Expenditure Reimbursement for postage for mailing campaign materials		Category/Type 004		Transaction ID : SE.5184 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2265159.31</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Columbia Road Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>		
Mailing Address 1250 Eye St. NW Suite 250			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3600.00</div>		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Online ad production		Category/Type 004		Transaction ID : SE.5089 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
Name of Federal Candidate CORY Cory GARDNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1479425.33</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4790.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GRACE M SMALL			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 04 / 2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 44
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Columbia Road Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1250 Eye St. NW Suite 250			Amount 900.00		
City Washington State DC Zip Code 20005		Transaction ID : SE.5090 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014			
Purpose of Expenditure Online ad production		Category/Type 004			
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 1480325.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Dan DeRosa			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 2935 Baseline Rd. Suite 303			Amount 56.62		
City Boulder State CO Zip Code 80303		Transaction ID : SE.5249 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014			
Purpose of Expenditure Reimbursement for printing		Category/Type 006			
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 2594993.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			956.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL Signature			Date 12 / 04 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 218 D Street SE, Suite 205		Amount 370.73
City Washington	State DC	Zip Code 20003
Purpose of Expenditure Reimbursement for staff time	Category/Type 001	Transaction ID : SE.5144 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2200285.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 218 D Street SE, Suite 205		Amount 297.91
City Washington	State DC	Zip Code 20003
Purpose of Expenditure Reimbursement for email services	Category/Type 004	Transaction ID : SE.5145 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2200582.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	668.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GRACE M SMALL

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 218 D Street SE, Suite 205		Amount 272.95	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5226
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FAIR SHARE, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 218 D Street SE, Suite 205		Amount 292.60	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.5246
Purpose of Expenditure Reimbursement for staff time		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		565.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
GRACE M SMALL		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Fed Ex			Date of Public Distribution/Dissemination 10 / 09 / 2014	
Mailing Address P.O.Box 94515			Amount 298.31	
City Palatine	State IL	Zip Code 60094	Transaction ID : SE.5174	
Purpose of Expenditure Shipping campaign materials		Category/ Type 006	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2222024.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Emily Fischer			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 429 E. 14th Ave. Apt. J			Amount 265.95	
City Denver	State CO	Zip Code 80203	Transaction ID : SE.5150	
Purpose of Expenditure Reimbursement for printing		Category/ Type 006	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2201457.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			564.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date 12 / 04 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Emily Fischer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 429 E. 14th Ave. Apt. J			Amount 2561.43		
City Denver		State CO	Zip Code 80203		Transaction ID : SE.5161
Purpose of Expenditure Reimbursement for printing		Category/Type 006		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 2220950.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Emily Fischer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 429 E. 14th Ave. Apt. J			Amount 680.00		
City Denver		State CO	Zip Code 80203		Transaction ID : SE.5185
Purpose of Expenditure Reimbursement for postage for mailing campaign materials		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 2265839.31			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3241.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL _____ Signature			[Electronically Filed] Date MM / DD / YYYY 12 / 04 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Emily Fischer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 429 E. 14th Ave. Apt. J		Amount 574.00	
City Denver	State CO	Zip Code 80203	Transaction ID : SE.5196
Purpose of Expenditure Reimbursement for postage for mailing campaign materials to voters		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Emily Fischer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 429 E. 14th Ave. Apt. J		Amount 510.00	
City Denver	State CO	Zip Code 80203	Transaction ID : SE.5219
Purpose of Expenditure Reimbursement for postage for mailing campaign materials to voters		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1084.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
GRACE M SMALL		[Electronically Filed]	
Signature		Date MM / DD / YYYY 12 / 04 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee GRASSROOTS VOTER OUTREACH			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 59 TEMPLE PLACE			Amount 16587.00	
City BOSTON	State MA	Zip Code 02108	Transaction ID : SE.5157	
Purpose of Expenditure Phonebanking services		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2218388.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Minuteman Press			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2814 E. Pikes Peak Ave.			Amount 344.42	
City Colorado Springs	State CO	Zip Code 80909	Transaction ID : SE.5153	
Purpose of Expenditure Printing		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2201801.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16931.42	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GRACE M SMALL		[Electronically Filed]		Date MM / DD / YYYY 12 / 04 / 2014

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 44
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NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mitymo Design, LLC			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 433 Central Ave. #209			Amount 100.00	
City St. Petersburg	State FL	Zip Code 33701	Transaction ID : SE.5320	
Purpose of Expenditure Designing campaign materials		Category/ Type 006	Date of Disbursement or Obligation 11 / 21 / 2014	
Name of Federal Candidate Gwen Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		95063.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Anusha Narayanan			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 37593 Summer Holly Common			Amount 292.32	
City Fremont	State CA	Zip Code 94536	Transaction ID : SE.5183	
Purpose of Expenditure Reimbursement for printing campaign materials		Category/ Type 006	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2263969.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			392.32	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]	Date 12 / 04 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 44
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NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee POSTNET		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1312 17TH STREET		Amount 449.84	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5149
Purpose of Expenditure Printing campaign materials		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee POSTNET		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1312 17TH STREET		Amount 776.59	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5164
Purpose of Expenditure Printing campaign materials		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1226.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
GRACE M SMALL		[Electronically Filed]	
Signature		Date MM / DD / YYYY 12 / 04 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rising Tide Interactive			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>		
Mailing Address 901 New York Ave. NW #470			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">145990.04</div>		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.5091
Purpose of Expenditure Online ad		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
Name of Federal Candidate CORY Cory GARDNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1626315.37</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rising Tide Interactive			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>		
Mailing Address 901 New York Ave. NW #470			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13904.56</div>		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.5092
Purpose of Expenditure Online ad		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1640219.93</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">159894.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 04 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Rising Tide Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 901 New York Ave. NW #470		Amount 119314.11
City Washington	State DC	Zip Code 20001
Purpose of Expenditure Online advertising	Category/Type 004	Transaction ID : SE.5179 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate CORY Cory GARDNER		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 1759534.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Rising Tide Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 901 New York Ave. NW #470		Amount 11539.09
City Washington	State DC	Zip Code 20001
Purpose of Expenditure Online advertising	Category/Type 004	Transaction ID : SE.5180 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mark E Udall		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 1771073.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130853.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GRACE M SMALL

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rising Tide Interactive			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 901 New York Ave. NW #470			Amount 8587.87	
City Washington		State DC	Zip Code 20001	
Purpose of Expenditure Online advertising		Category/ Type 004	Transaction ID : SE.5222 Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2182586.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Rising Tide Interactive			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 901 New York Ave. NW #470			Amount 4492.00	
City Washington		State DC	Zip Code 20001	
Purpose of Expenditure Online advertising		Category/ Type 004	Transaction ID : SE.5223 Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2187078.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			13079.87	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date 12 / 04 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rising Tide Interactive			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 901 New York Ave. NW #470			Amount 158.48		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.5286
Purpose of Expenditure Online advertising		Category/Type 004		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 2200741.45			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee STRATEGY GROUP, THE			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1603 Orrington Ave. Suite 1730			Amount 1500.00		
City Evanston		State IL	Zip Code 60201		Transaction ID : SE.5215
Purpose of Expenditure Printing and shipping campaign materials		Category/Type 006		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 2553945.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1658.48		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GRACE M SMALL			Date 12 / 04 / 2014 [Electronically Filed]		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee STRATEGY GROUP, THE		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 1603 Orrington Ave. Suite 1730		Amount 1500.00		
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.5216	
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2555445.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee The Strategy Group, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 1603 Orrington Ave. Suite 31730		Amount 25000.00		
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.5194	
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2292321.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION		FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee The Strategy Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1603 Orrington Ave. Suite 31730		Amount 3500.00	
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.5199
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Strategy Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1603 Orrington Ave. Suite 31730		Amount 3500.00	
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.5200
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate CORY Cory GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		7000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
GRACE M SMALL		[Electronically Filed]	
Signature		Date MM / DD / YYYY 12 / 04 / 2014	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00526673</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Shelley Vineyard			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>		
Mailing Address 1543 Wazee St. Suite 440			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">680.00</div>		
City Denver		State CO	Zip Code 80202		Transaction ID : SE.5204
Purpose of Expenditure Reimbursement for postage for mailing campaign materials to voters		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 30 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2300575.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WINNING CONNECTIONS			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>		
Mailing Address 317 PENNSYLVANIA AVE, SE 2ND FLOOR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41652.00</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.5176
Purpose of Expenditure GOTV phonebanks		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2263676.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">42332.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 04 / 2014</div>		

GRACE M SMALL

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee WINNING CONNECTIONS			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 317 PENNSYLVANIA AVE, SE 2ND FLOOR			Amount 6225.70	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.5243	
Purpose of Expenditure GOTV calling		Category/ Type 007	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2594643.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1543 WAZEE STREET STE 440			Amount 402921.13	
City DENVER	State CO	Zip Code 80202	Transaction ID : SE.5098	
Purpose of Expenditure Door to door canvass		Category/ Type 007	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		2173994.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			409146.83	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]	Date 12 / 04 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 4.20		
City State Zip Code DENVER CO 80202		Transaction ID : SE.5192 Date of Disbursement or Obligation 10 / 22 / 2014			
Purpose of Expenditure Postage for mailing campaign materials to voters		Category/Type 004			
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 2173998.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1543 WAZEE STREET STE 440			Amount 12836.00		
City State Zip Code DENVER CO 80202		Transaction ID : SE.5102 Date of Disbursement or Obligation 10 / 23 / 2014			
Purpose of Expenditure Postage for mailing campaign materials		Category/Type 004			
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 2199914.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12840.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL Signature			[Electronically Filed] Date 12 / 04 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 44
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FAIR SHARE ACTION			FEC IDENTIFICATION NUMBER ▼ C C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1543 WAZEE STREET STE 440			Amount 251189.50	
City DENVER		State CO	Zip Code 80202	
Purpose of Expenditure Door to door canvass		Category/ Type	Transaction ID : SE.5209 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2551765.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee WORK FOR PROGRESS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1543 WAZEE STREET STE 440			Amount 30473.20	
City DENVER		State CO	Zip Code 80202	
Purpose of Expenditure Campus GOTV		Category/ Type	Transaction ID : SE.5238 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		2586191.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			281662.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1716.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	1119267.67